

## AGREEMENT AMENDMENT

THIS AGREEMENT AMENDMENT NO. 1 is made and entered into by and between the CITY OF HELENA, MONTANA, a municipal corporation organized and existing under the laws of the State of Montana, 316 North Park Avenue, Helena, Montana 59623, hereinafter referred to as "City," and CDM SMITH INCORPORATED, 560 North Park Avenue, Suite 300 hereinafter referred to as "Contractor/Service Provider," collectively referred to as "Parties."

### RECITALS

1. On October 18, 2018, the Parties entered into an agreement whereby Contractor/Service Provider agreed to perform the following services for the City (hereinafter "Agreement"): Contractor will provide engineering services to revise local limits, update SIU permits, develop a sampling and analysis plan, review the overall program, assist with EPA correspondence, and conduct project meetings.
2. Per the terms of the Agreement, City agreed to pay Contractor/Service Provider a sum of Twenty-Five Thousand Eight-Hundred Ninety-Four Dollars (\$25,894.00) for the services rendered.
3. Parties now desire to amend the Agreement as set forth in this Agreement Amendment.
4. Deletions from the Agreement language are indicated by strikethroughs; additions to the Agreement language are indicated by underline.

### AMENDMENT

In consideration of the mutual covenants and agreements herein contained, the receipt and sufficiency whereof being hereby acknowledged, the Parties hereto agree as follows:

1. **Effective Date:** This Agreement Amendment is effective upon execution by all Parties to the Agreement.
2. **Effect on Agreement Language:** All terms and conditions of the Agreement remain in full force and effect except as provided in this Agreement Amendment.
3. **Effect on Prior Amendments:** If the Agreement was previously amended this Agreement Amendment supersedes all prior amendments.
4. **Amendments:** The Agreement is amended as follows:
  - a. Paragraph 3. Scope of Services is amended to add the following: Contractor will assist City with updating the Wastewater Pretreatment Program including final assistance with local limit adoption, completion of the Sampling and Analysis Plan, re-issuance of Industrial User Permits, review of inventories, and assistance with EPA reporting.

## AGREEMENT COVERSHEET

(All City agreements and documents routed outside your department are required to have a coversheet):

Agreement Type: **Agreement for Services**

Department: **Public Works**

Division: **Utility Maintenance**

Creator: **Kim Cross**

Date Created: **1/29/2020**

Contractor / Service Provider: **CDM Smith Incorporated**

Agreement Amount / Value: **\$23,500**

Budget Funding Source: **Enterprise Fund**

Finance Project Number: **531-3137-436-3056**

Agreement Number: Click or tap here to enter text.

Purpose / Additional Notes: **Amendment to Engineering Services**

City Attorney Received

RECEIVED

JAN 29 2020

CITY ATTORNEY'S OFFICE

City Manager Received

Stamp Here

City Clerk Received

Stamp Here

Department Approval:

Attorney Review:



Please return digital executed agreement to: **Matt Culpo/Kim Cross**

- b. Paragraph 4. Payment is amended to increase the amount the City Agrees to pay Contractor by Twenty-Three Thousand Five Hundred Dollars (\$23,500.00) for performance of this Agreement Amendment.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates stated below.

FOR THE CITY OF HELENA MONTANA

Signed: [Signature]

By: ANA CORTEZ, City Manager, Acting

Dated: 1-31-20

FOR THE CONTRACTOR/SERVICE PROVIDER

Signed: [Signature]

By: DARREL STORDAHL, Project Principal

Dated: 2-5-2020

APPROVED AS TO FORM:

Signed: [Signature]

By: THOMAS J. JODDIN, City Attorney

Dated: 1/30/20



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Aon Risk Services Northeast, Inc.  
Boston MA Office  
53 State Street  
Suite 2201  
Boston MA 02109 USA

CONTACT NAME:  
PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): 800-363-0105

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED  
CDM Smith Inc.  
75 State Street, Suite 701  
Boston MA 02109 USA

INSURER A:	LM Insurance Corporation	33600
INSURER B:	Liberty Insurance Corporation	42404
INSURER C:	Liberty Mutual Fire Ins Co	23035
INSURER D:	ACE Property & Casualty Insurance Co.	20699
INSURER E:	Lloyd's Syndicate No. 2623	AA1128623
INSURER F:	Commerce & Industry Ins Co	19410

## COVERAGES

CERTIFICATE NUMBER: 570079724682

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		TB761188T8Z6040	01/01/2020	01/01/2021	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-611-88T8Z6-060	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION <input type="checkbox"/> CLAIMS-MADE		XEUG28194687004	01/01/2020	01/01/2021	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WA561DB8T8Z6010 AOS WC561188T8Z6020 WI	01/01/2020 01/01/2020	01/01/2021 01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Provide the City with engineering services related to the City's Pretreatment Program.  
The City of Helena, MT is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies. General Liability evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions.

## CERTIFICATE HOLDER

## CANCELLATION

City of Helena  
Attn: Donald Clark  
316 North Park Ave. Room 421  
Helena, MT 59623 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Northeast Inc.*

Holder Identifier : ABE

Certificate No : 570079724682